



Position Statement: Nutrition Education

The California School Nutrition Association (CSNA) supports legislative efforts to improve the well-being of the children of California. Child Nutrition Programs work as partners in the education community to provide healthy meals to all children in order to improve student health and academic achievement. It is the intent of CSNA to work to secure the best possible environment for learning, physical health and safety within the school setting.

California has over 5.6 million children in public and private schools in kindergarten through grade 12. California school meal programs serve more than 2.7 million children daily. Schools are the ideal setting for nutrition education because they reach all children, can provide opportunities for practicing healthy eating habits, and have skilled personnel to teach children.

Position Statement

It is the position of the California School Nutrition Association that a comprehensive coordinated nutrition education program be provided to all students in order to promote life-long wellness for the children of California.

Rationale

Under-nutrition, overweight and obesity are significant problems for California's children. Current research confirms that proper nutrition is essential to maximize normal growth and development. The general health and well-being of children affects their overall performance in the classroom. Providing nutrition information to students and families is essential to improving the nutritional intake of children. Nutrition instruction must be presented as a coordinated effort in order to equip California's children with the skills to make healthy food and lifestyle choices.

- The **American Dietetic Association** recommends that nutrition education be integrated across the general curriculum as part of a comprehensive health program. Presentation of nutrition education should include experiences that use integrated resources such as the school cafeteria, health and physical education classes, and math and writing skills designed to enhance critical thinking processes. School-based nutrition education should involve parents and the community as well as physical activity^{1,2}.
- The **School Health Policies and Programs Study 2000** (SHPPS) reported that of teachers who deliver required health education, elementary school teachers who provided nutrition education spent a median of 5 hours per school year teaching the topic, middle/junior high school teachers spent a median of 4 hours, and senior high school teachers spent a median of 5 hours³.

- In the 1999 **California Children's Healthy Eating and Exercise Practices Survey (CalCHEELPS)**, a statewide survey of 9 to 11 year-old children, about three-fifths of those surveyed reported having a lesson in nutrition and health during the current school year. Participation in classroom nutrition education was positively related to both healthier eating and increased physical activity⁴.
- A national sample of nearly 3,000 **Americans** was **surveyed** to determine the importance of taste, nutrition, cost, convenience, and weight-control on personal dietary choices and whether these choices actually predict eating behavior. The determinates of food choice must be used as a foundation for developing effective nutrition education so that programs can be developed that are acceptable and appealing to customers. The results suggested that nutritional concerns are of less relevance to most individuals than taste and cost. It was concluded that nutrition education programs should attempt to design and promote nutritious diets as being tasty and inexpensive⁵. Child Nutrition Programs in California meet this objective.
- A **study of adolescents** in St. Paul, Minnesota, area schools was undertaken to assess adolescents' perceptions about factors influencing their food choices and eating behaviors. Major barriers to eating more fruits, vegetables, and dairy products and eating fewer high-fat foods included a low priority about personal health in relation to other concerns, and taste preferences for other foods. Suggestions for encouraging adolescents to eat more healthful foods include making such foods taste and look more appealing, limiting the availability of unhealthful options, making healthful food more available and convenient, teaching children good eating habits at an early age, and changing social norms to make it "cool" to eat healthfully⁶.
- The **U.S. Department of Education** Office of Educational Research and Improvement published a statistical analysis report on nutrition education across the nation. Approximately 1,400 teachers from 705 schools were surveyed. About half had formal nutrition training. Eighty percent indicated that they taught nutrition to their students an average of 13 hours per school year. However, 50 hours per year has found to be the minimum to show impact on nutritional behavior⁷.

Barriers to Providing Nutrition Education

- Teachers have time constraints – may not be able to devote time to nutrition lessons^{8,9}
- Limited access to resources to allow teachers to improve their nutrition teaching skills^{8,9}
- Limited curriculum materials available⁹
- Lack of administrative support⁹

Response for Change – Recommendations

- Provide additional nutrition education resources^{7,8}. Materials should be (1) up to date, (2) age appropriate, (3) appealing to students, and (4) adequate materials for all students. (DD)
- Provide training for teachers^{7,8}. Training should include (1) active learning strategies, (2) collaboration with school meal programs, (3) coordinating nutrition education across subjects and across grades, and (4) involving parents in nutrition education⁷.
- Bilingual/bicultural curriculums would improve nutrition education in classrooms⁸.

Recent Legislation

AB1634 (Chan) – Nutrition Education (*Chaptered September 30, 2002*)

This bill requires the State Department of Education to incorporate nutrition education curriculum content into the health curriculum framework at its next revision. This bill, commencing July 1, 2004, requires the State Department of Education to make competitive grants available for school districts and county offices of education to start up or expand instructional school gardens and school garden salad bars with a compost program. Governor Davis vetoed the appropriation made for grants in the bill.

Conclusion

Under-nutrition, overweight and obesity are significant problems for California's children. The general health and well-being of children affects their overall performance in the classroom. In order to encourage healthy eating habits, nutrition education must be integrated across the general curriculum as part of a comprehensive health program. Resources such as the school cafeteria, health and physical education classes, math and writing skills should be utilized to reinforce quality nutrition messages. School-based nutrition education programs should include parents and the community as well as regular physical activity.

Providing nutrition information to students and families is essential to improving the nutritional intake of children. Nutrition instruction must be presented as a coordinated effort in order to equip California's children with the skills to make healthy food and lifestyle choices.

References

1. Position of the American Dietetic Association: Child and adolescent food and nutrition programs. *J Am Diet Assoc.* 1996;96:913-917.
2. Position of the American Dietetic Association: Nutrition education for the public. *J Am Diet Assoc.* 1996;96:1183-1187.
3. School Health Policies and Programs Study. Department of Health and Human Services. Centers for Disease Control and Prevention. Atlanta, GA. <http://www.cdc.gov/shpps>.
4. Public Health Institute. A Special Report on Policy Implications from the 1999 California Children's Healthy Eating and Exercise Practices Survey (CalCHEEPS). Washington, DC; 1999.
5. Glanz K, Basil M, Maibach E, Goldberg J, Snyder D. Why Americans eat what they do: taste, nutrition, cost, convenience, and weight control concerns as influences on food consumption. *J Am Diet Assoc.* 1998;98:1118-1127.
6. Neumark-Sztainer D, Story M, Perry C, Casey MA. Factors influencing food choices of adolescents. *J Am Diet Assoc.* 1999;99:929-935.
7. Nutrition education in public elementary school classrooms, K-5, NCES 2000-040. Washington, DC: U.S. Department of Education, National Center for Education Statistics: 2000.
8. Perez-Escamilla R, Haldeman L, Gray S. Assessment of nutrition education needs in an urban school district in Connecticut: Establishing priorities through research. *J Am Diet Assoc.* 2002;102:559-563.
9. Stang J, Story M, Kalina B. Nutrition education in Minnesota public schools: perceptions and practices of teachers. *J Nutr Ed.* 1998;30:396-405.